2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029575

Address:

City-St-Zip:

Entity Name: DAYTONA BIKEWEEKS CORP.

FILED Jan 24, 2009 Secretary of State

	Principal Place	e or bu	siness:	New Princ	ipai Piace	e of Business:
1069 NO. ORMOND	US 1 BEACH, FL 3	32174				
Current Mailing Address:				New Mailing Address:		
P.O. BOX ORMOND	1163 BEACH, FL 3	32174	US			
FEI Number	: 59-3328878	FEIN	lumber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and	d Address of (Curren	Registered Agent:	Name and	Address	of New Registered Agent:
1069 NO.	WILLIAM E US 1 BEACH, FL 3	32174	US			
The above in the Stat	e named entity e of Florida.	submit	s this statement for the	purpose of changing i	ts registere	ed office or registered agent, or both,
SIGNATU						
Flaction Co.		_	nature of Registered Ag	ent		Date
	-	_	Fund Contribution ().	ADDITION	ICIOLIANO	AFC TO OFFICERS AND DIDECTORS
OFFICER	S AND DIREC	IURS	i	ADDITION	IS/CHANG	SES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD (KURRAS, WIL 1090 N US 1 ORMOND BEA			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VD (GIORNO, PHIL 2135 BREWST DELTONA, FL			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D FARMER, \ 2109 LIMP LAWRENC	
Title: Name:	() Delete		Title: Name:	D FLOYD, LIN	()Change(X)Addition NDA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1090 N. US 1

ORMOND BEACH, FL 32174

SIGNATURE: WILLIAM E. KURRAS PD 01/24/2009